Arizona's Breast & Cervical Cancer Treatment Program

ADDITIONAL RESOURCES

- Cancer Financial Assistance Coalition
  www.cancerfac.org
- CancerCare-Financial Aid
  www.cancercare.org/financial
- Community Assistance Program Drug Card
  (Free Discount Drug Card)
  www.freedrugcard.com
- Patient Advocate Foundation
  www.patientadvocate.org
- Well Woman HealthCheck Program
  Phone Number: 1-888-257-8502
  www.wellwomanhealthcheck.org

AHCCCS

ARIZONA DEPARTMENT OF HEALTH SERVICES

Well Woman HEALTHCHECK
Check on your health.

Arizona's Breast and Cervical Cancer Treatment Program (BCCTP)

PROGRAM ELIGIBILITY

If you are uninsured and have been diagnosed with breast or cervical cancer on or after August 2, 2012, you may be able to receive treatment through the Breast and Cervical Cancer Treatment Program (BCCTP). To qualify for the BCCTP, you must have been diagnosed with breast or cervical cancer, be under the age of 65, meet income eligibility requirements, have no creditable insurance or insurance that covers treatment for breast and cervical cancer and not be currently enrolled in or eligible for the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona's Medicaid program.

Income Eligibility: To qualify for the BCCTP, your gross household income must be at or below 250% of the Federal Poverty Level. Please use the chart below to determine your income eligibility.

Federal Poverty Level Guidelines 2018

Effective January 13, 2018

Household Size	Annual Income (250% FPL)	Monthly Income (250% FPL)
1	$30,350	$2,529
2	$41,600	$3,467
3	$51,950	$4,329
4	$62,750	$5,229
5	$73,550	$6,129
6	$84,350	$7,029
7	$95,150	$7,929
8	$105,950	$8,829

For families/households with more than 8 persons, add $4,320 per additional family member

APPLY IN JUST 3 EASY STEPS

Step 1. Pick up an application packet from your health care provider or print one online at www.wellwomanhealthcheck.org/bcctp

Step 2. Ask your healthcare provider to help you complete the application packet.

Step 3. Fax or mail in your completed application packet to the Well Woman HealthCheck Program or ask your health care provider to fax it for you.

Fax*: (602) 542-7520 **OR**
Mail/In-Person: 150 N. 18th Ave. Suite 310
Phoenix, AZ 85007

*Faxing your application will allow for faster processing. If you do not have access to a fax machine, please ask your health care provider to fax the application for you.

After Submission

Once your application has been approved by AHCCCS, you will be enrolled in an AHCCCS health plan that will provide medical services including those for breast and cervical cancer.

Please contact AHCCCS at (602) 417-5083 for any questions you have regarding your application.

COMPLETE APPLICATION PACKET CHECKLIST

- ☐ **BC-100, BCCTP Referral Form**
- ☐ **AHCCCS Application**
  - Confirm all pages are completed and last page is signed and dated
  - Include copy of Confidentiality Program card, if applicable
- ☐ **Proof of U.S. Citizenship**
  - Copy of certified U.S. Birth Certificate OR U.S. Passport OR Immigration and Naturalization Service (INS) Card, if applicable (copy of front and back)
- ☐ **Laboratory Pathology Report**
  - Invasive Cervical Cancer, CIN 2 or CIN 3
  - Breast Cancer, DCIS, Infiltrating, Invasive
- ☐ **Patient Contact/Consent Form**
- ☐ **Proof of Income**
  - Copy of check stubs or other statements of income showing gross income amount
- ☐ **Proof of Arizona Residency**
  - Copy of driver's license or utility bill
- ☐ **Social Security Card** (copy)
- ☐ **Picture ID**
  - Copy of driver's license, or other government issued ID with photo